OPIOID SETTLEMENT FUND ANNUAL FINANCIAL REPORT

NAME OF ENTITY:		
NAME OF OFFICIAL	FILLING OUT REPORT: B	renda Armstrong
PHONE NUMBER:	208) 742-1667	
EMAIL ADDRESS:	lerk@lemhicountyidaho.	org
OPIOID SETTLEMEI	NT FUNDS BALANCE AT B	BEGINING OF FY 22: \$0.00
OPIOID SETTLEMEI	NT FUNDS RECEIVED IN F	Y <u>22</u> : \$7,317.38
TOTAL OPIOID SET	TLEMENT FUND EXEPND	ITURES IN FY 22 : \$0.00
OPIOID SETTLEME	NT FUND BALANCE AT EN	ND OF FY 22: \$7,317.38
ITEMIZATION OF P	AYMENTS RECEIVED:	
Payment Date	Payment Amount	Source of Payment
06/20/2022	¢7 217 20	Prown Groom

ITEMIZATION OF EXPENDITURES:

*List of approved uses with section and subsections available here

Approved Use	Approved Use	Description of Use	Amount
Section	Subsection		Expended
-	\Box		
	▼		
	✓		
	₹		
	▼		
	▼		
	▼		
	₹		
	_		

TOTAL: \$0.00

TOTAL: \$7,317.38

By signing below I warrant that all information provided in this form is true and correct; that all opioid settlement funds expended by the above entity have been expended on approved uses as provided in Exhibit A to the Idaho Opioid Settlement Intrastate Allocation Agreement linked to above and included on this form; and that I have the necessary authority to sign and submit this form on behalf of the above entity.

SIGNATURE: Signature: 06/22/2022